



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700

Telephone 225.925.6496 ~ Facsimile 225.925.6499

www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov



Application for Pharmacy Technician Candidate Registration

Before You Begin:

- The Louisiana Board of Pharmacy is the agency that regulates the practice of pharmacy in the state of Louisiana.
- It is your responsibility to read and understand all requirements for becoming a Louisiana Pharmacy Technician prior to submitting this application. Keep these instructions for future reference.
- In order to practice as a technician in Louisiana, you must have a Louisiana Pharmacy Technician Certificate. **A PTCB Certificate cannot be used to work as a technician in the state of Louisiana.**
- In order to obtain a Louisiana Pharmacy Technician Certificate, a candidate must first earn practical experience hours and pass a board-approved examination. See items below for more information.
- In order to earn hours of practical experience, a candidate must obtain a Pharmacy Technician Candidate Registration.
- Falsification of any information on applications or documents submitted to the board is grounds for immediate denial of the application.

Qualifications:

- 1) Registration – all candidates must register with the board
- 2) Age – must be 18 years or older
- 3) Character – must be of good moral character and non-impaired
- 4) Education – must be a graduate from a high school approved by a state department of education, or shall possess an equivalent degree of education (GED or University degree)
- 5) Exceptions –
 - a. A pharmacist or pharmacist intern whose board credential has been denied, suspended, revoked, or restricted for disciplinary reasons by any board of pharmacy shall not be a pharmacy technician candidate or pharmacy technician.
 - b. A pharmacist or pharmacist intern whose board credential is lapsed shall not be a pharmacy technician candidate or pharmacy technician until such lapsed credential is recalled through non-disciplinary board action.

Application Procedure:

In order to receive a pharmacy candidate registration, the following items must be submitted to the Board:

- 1) Application for Pharmacy Technician Candidate Registration
- 2) A check or money order in the amount of US\$25, payable to Louisiana Board of Pharmacy
- 3) Birth certificate, passport, or Naturalization papers
- 4) High school diploma, GED certificate, University degree or high school/university transcript.
 - a. High school transcript must be marked as "Official" and must contain the applicant's name, school's name, and date of graduation.
 - b. University transcript must be marked as "Official" and must contain the applicant's name, school's name, degree earned, and date degree conferred.
- 5) Proof of enrollment in a board-approved training program.

Note: applicants who already possess a PTCB certificate are not required to be enrolled in a board-approved training program; submit a copy of your PTCB certificate instead.

Criminal Background Check (CBC):

- La R.S. 37:1216 requires the Board to conduct a criminal history check on applicants as a condition for eligibility for registration

- Upon receipt of your properly completed application, you will be provided with the materials needed to conduct a criminal record search with the Louisiana Department of Public Safety and the Federal Bureau of Investigation (FBI).
- Criminal history reports generated for or by another agency will not be accepted to satisfy this requirement.
- Your credential will not be issued until the results of this record search have been received.

Pharmacy Technician Candidate Registration:

- Candidate registration will expire 18 months after the date issued.
- Registrations cannot be renewed.
- A candidate cannot apply for another registration if they fail to complete all the requirements for certification in a timely manner.
- The board reserves the right to refuse to issue, recall, or discipline a registration for cause.
- Candidate shall wear appropriate attire and be properly identified as to name and candidate status while on duty in the prescription department.
- A candidate shall notify the board, in writing, no later than 10 days following a change of mailing address.
- A candidate shall notify the board, in writing, no later than 10 days following a change of training program site or location(s) of employment.

Earning House of Practical Experience:

- A candidate shall possess a registration prior to earning any practical experience in a pharmacy.
- A candidate shall not work in a permitted site that is on probation with the board or with a pharmacist who is on probation with the board.
- A candidate may receive board credit for a maximum of 50 hours per week.
- All practical experience hours earned must be recorded on a Pharmacist's Affidavit and submitted to the board for approval.
- A separate Pharmacist's Affidavit must be completed for each pharmacy.
- Hours will expire one year after the expiration date of the registration.

Examination Administered by the Pharmacy Technician Certification Board (PTCB):

- The Louisiana Board of Pharmacy does not test candidates for certification.
- Candidates are required to pass the examination administered by the Pharmacy Technician Certification Board (PTCB), a private company located in Washington, D.C.
- PTCB is not affiliated with the Louisiana Board of Pharmacy.
- It is in your best interest to contact PTCB as soon as possible for exam information. You can contact that company at 800.363.8012 or www.ptcb.org.

Application for Pharmacy Technician Certificate:

In order to qualify for a Pharmacy Technician Certificate, a candidate must provide the following items to the board:

- 1) Application for Pharmacy Technician Certificate
- 2) \$100.00 application fee payable to Louisiana Board of Pharmacy
- 3) Evidence of completion of at least 600 hours of practical experience
- 4) Legible copy of a Certificate of Completion in a board-approved Pharmacy Technician Training Program, if your registration was issued following your enrollment in a training program.
- 5) Legible copy of a PTCB Certificate documenting successful completion of the board-approved examination

Pharmacy Technician Certificate:

- All certificates, regardless of the date originally issued, will expire on June 30th every year, and they must be renewed for continuing authority to assist in the practice of pharmacy.
- Pharmacy technicians must earn a minimum of 10 hours of ACPE-approved continuing pharmacy education (cpe) every 12 months as a prerequisite to renew their certificate.



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Instructions

- 1) Legibly print or type all information except your signature
- 2) Attach a check or money order for US\$25 payable to Louisiana Board of Pharmacy
- 3) Attach a legible copy of your birth certificate, passport, or naturalization papers
- 4) Attach a legible copy of your high school diploma, GED certificate, or high school transcript (must include applicant's name, school's name, and graduation date)
- 5) Attach a legible copy of your proof of enrollment in a Board-approved pharmacy technician training program
- 6) If the name you are applying under is different from the name on the required attachments, you must also attach a copy of the document that legally changed your name (marriage license, divorce papers, court judgment); if multiple names, attach a copy of all applicable documents for each name
- 7) Mail this form and all required attachments to the above address; we will not process faxed application forms.

Section 1 – Personal Information

Current Legal Name (Note: This is the name under which your training registration will be issued.)			
Full First Name:	Full Middle Name:	Full Last Name:	Suffix (Jr, Sr, III, IV, etc.):
List ALL Other Names By which You Have Ever Been Known By (Maiden, Married etc.)			
Social Security Number (SSN):		Date of Birth (mm/dd/yyyy):	
Present Age:	Place of Birth (City & State + Country):	Gender:	Race:

Section 2 – Contact Information

Mailing Address (Enter only one address. This should be the address where you receive your mail. This address is a public record.):			
City:	State:	Zip:	Parish of Residence:
E-mail Address (Optional, but recommended):			
Home Telephone: ()	Work Telephone: ()	Other Telephone: ()	

Applicant Name: _____ Applicant SSN: _____

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Section 3 – High School Education or Equivalent

Name of High School:	Date of Graduation:
Location of High School:	

Section 4 – Pharmacy Technicians Certification Board (PTCB)

Have you ever had a certificate issued by the Pharmacy Technician Certification Board (PTCB)?	
<input type="checkbox"/> Yes	Enter your PTCB Certificate Number _____ Attach a legible copy of your PTCB wall certificate (exam results or a wallet ID Card is not acceptable) SKIP Section 5 and proceed to Section 6
<input type="checkbox"/> No	Proceed to Section 5

Section 5 – Pharmacy Technician Training Program

Title of Board-Approved Training Program:	Date of Enrollment:
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Section 6 – Other Licenses / Registrations

Have you ever been licensed, registered, certified or otherwise approved to practice as a pharmacist or assist in the practice of pharmacy in any <i>other</i> state or jurisdiction (not including PTCB)?	
<input type="checkbox"/> Yes	List each state or jurisdiction below. Attach additional pages, if necessary. Contact each state or jurisdiction and request that they provide the Louisiana Board of Pharmacy with a letter stating the current status of your credential with them. Letter must also include whether or not you have ever had disciplinary action taken against you.
<input type="checkbox"/> No	Proceed to Section 7

Credential Issued By:	Type of Credential:	Credential #:	Expiration Date:	Has there been disciplinary action against this license? _____ No _____ Yes
Credential Issued By:	Type of Credential:	Credential #:	Expiration Date:	Has there been disciplinary action against this license? _____ No _____ Yes

Applicant Name: _____ Applicant SSN: _____

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Section 7 – Impairments and/or Addictions to Alcohol or Drugs

Have you ever habitually used, or been diagnosed with an addiction to, mood-altering drugs or alcohol?	_____ No _____ Yes
Have you ever been diagnosed with, or do you have, any physical or mental impairment which may affect your ability to practice safely as a pharmacy technician?	_____ No _____ Yes

If you answered “Yes” to any of the questions in Section 7, you must attach a letter of explanation.

Section 8 – Criminal Activity / Disciplinary Actions

La R.S. 37:1216 requires the Board to conduct a criminal history check on applicants as a condition for eligibility for licensure. Upon receipt of your properly completed application, you will be provided with the materials needed to conduct a criminal record search with the Louisiana Department of Public Safety and the Federal Bureau of Investigation (FBI). Those law enforcement agencies will produce a criminal history report for the Board; we are not permitted to accept criminal history reports generated for or by another agency. We are not permitted to issue your registration until we have received and reviewed the criminal history report.

Please read these four questions and consider your responses very carefully. Contrary to any prior advice you may have received, you are required to disclose any and all of these actions, even if the record of those actions has been expunged. The Board is legally authorized to receive, review, and use any records that have been previously expunged. Your failure to disclose any prior legal history may result in the denial of your application and the Board's refusal to issue a registration.

Have you ever been arrested, indicted, or charged with any crime, or have you ever been issued a citation or summons, for any reason, in any state?	_____ No _____ Yes
Have you ever been the subject of any legal or disciplinary action by any government agency, or have you ever been the subject of any legal or other adverse action from any law enforcement agency or any local, state, or federal court?	_____ No _____ Yes
Are you currently charged with the commission of a felony in any state?	_____ No _____ Yes
Have you ever been convicted of a felony in any state?	_____ No _____ Yes

If you answered “Yes” to any of the questions in Section 8, you must provide two additional documents with this application: (1) your personal letter of explanation, detailing the circumstances of the incident, and (2) a certified copy of the court judgment in each case. If any of the charges were dismissed, you must provide a letter from the appropriate legal authority confirming the dismissal of the charges.

Applicant Name: _____ Applicant SSN: _____

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Section 9 – Photographic Identification

- Staple a recent (less than one year old) passport size (2 inch x 2 inch) fade-proof photograph in the block at the right using one staple at the top and one at the bottom of the photo. Do not use glue or tape.
- Photograph must show a clear likeness of the applicant's head and shoulders, with eyes open.
- Photograph should include the applicant only.
- Photographs reproduced on a black and white copy machine are not acceptable.
- Do not submit a photograph that is on an identification card or has been cut from an identification card.

Staple one recent passport
size (2"x2") fade-proof
photograph
in this block using the
guidelines at the left.

Date of Photograph _____, 20_____.

Section 10 – Personal Affidavit of Applicant

STOP! This section may only be completed in the presence of a Notary Public.

I, _____, being duly sworn, attest to the following statements:
(Print Applicant's Name)

- I hereby apply for a Pharmacy Technician Candidate Registration.
- I am the person referred to in this application and the photograph attached in Section 9 is a true likeness of me.
- I understand that this registration is only valid for 18 months.
- Statements herein contained are true and correct in every respect.
- I further understand that falsification of any information contained on this application and/or any attachments may result in denial of my application.
- I have read and understand this affidavit.

Sworn before me this _____ day of _____, 20_____

Signature of Applicant

Signature of Notary Public

(SEAL)
Imprint This
Sheet Only

County or Parish: _____

State of: _____

Commission Expires: _____